



CITY OF ATLANTA

APPLICATION FOR RECORD RETENTION SCHEDULE

Department of Administrative Services
Bureau of General Services
Record Management Division

INSTRUCTIONS: CONTACT YOUR RECORDS OFFICER FOR ASSISTANCE IN COMPLETING THIS FORM OR CALL THE RECORDS MANAGEMENT DIVISION AT 817-6803 OR WRITE THE RECORDS MANAGEMENT DIVISION, 675 PONCE DE LEON AVENUE, N.E., SUITE 3109, ATLANTA, GEORGIA 30309

1. Agency Address		For Records management Use			
		Application Number		Date Received	
		Date Completed		Schedule Number	
2. Person to Contact		Working Title		Telephone Number	
3. Action Requested					
a. <input type="checkbox"/> Establish Retention Schedule for all past, present & future accumulations of the record series.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input type="checkbox"/> Amend Schedule No.		Check One:		Change <input type="checkbox"/>	Supersede <input type="checkbox"/> Void <input type="checkbox"/>
4. Date of Series		5. Record Series Title (Followed by title used in office; if different)			
Earliest		Latest			
6. Office Function (State the function of the Office in which this record series is created.)					
7. Record Series Description		This file contains the following documents (include titles and form numbers, if any): Attach samples of the files.			
Document relating to:					
Included are:					
Files is arranged:					
8. Monthly Reference Rate		How often are records referred to which are:			
One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four _____					
Months old _____ ; Twenty-five months and older _____ ?					
9. Annual Rate of Accumulation of Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ Other (Specify) _____					
Current Accumulation: _____					

YES	N O	10. Questionnaire (Place an "X" in the proper column.)																													
<input type="checkbox"/>	<input type="checkbox"/>	a. Is this the official copy of the series? If not, where is it?																													
<input type="checkbox"/>	<input type="checkbox"/>	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.																													
<input type="checkbox"/>	<input type="checkbox"/>	c. Is this a vital record?																													
<input type="checkbox"/>	<input type="checkbox"/>	d. Does this series have historical or long term research value?																													
<input type="checkbox"/>	<input type="checkbox"/>	e. When one or two documents in the file make it necessary to keep the entire file for a long period could these documents be scheduled separately?																													
<input type="checkbox"/>	<input type="checkbox"/>	f. Is the information contained in the series ever published? If yes, attach copy.																													
<input type="checkbox"/>	<input type="checkbox"/>	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.																													
<input type="checkbox"/>	<input type="checkbox"/>	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?																													
<input type="checkbox"/>	<input type="checkbox"/>	i. Is this series (or a major portion of it) regularly microfilmed?																													
<input type="checkbox"/>	<input type="checkbox"/>	j. Does the record series result in a computer printout?																													
<p>11. Retention Requirements. The following requires the series to be kept?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. State Law _____</td> <td style="width: 33%;">Years</td> <td style="width: 33%;">E. Audit Period _____</td> <td style="width: 33%;">Years</td> </tr> <tr> <td>B. City Code _____</td> <td>Years</td> <td>F. Administrative Needs _____</td> <td>Years</td> </tr> <tr> <td>C. Statute of Limitations _____</td> <td>Years</td> <td>G. Federal Instructions _____</td> <td>Years</td> </tr> <tr> <td>D. Federal Law _____</td> <td>Years</td> <td>H. Historical Value _____</td> <td>Permanent</td> </tr> </table> <p>Attach copy or excerpt of laws regulations. Explain administrative need which exceeds 3 yrs.</p>				A. State Law _____	Years	E. Audit Period _____	Years	B. City Code _____	Years	F. Administrative Needs _____	Years	C. Statute of Limitations _____	Years	G. Federal Instructions _____	Years	D. Federal Law _____	Years	H. Historical Value _____	Permanent												
A. State Law _____	Years	E. Audit Period _____	Years																												
B. City Code _____	Years	F. Administrative Needs _____	Years																												
C. Statute of Limitations _____	Years	G. Federal Instructions _____	Years																												
D. Federal Law _____	Years	H. Historical Value _____	Permanent																												
<p>12. Approved Disposition Instructions. The agency recommends that the file series be cut off at the end of each</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other _____</td> <td style="width: 33%;"></td> <td style="width: 33%;">Then _____</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Hold in the current files area _____</td> <td>Month(s) _____</td> <td>Year(s); then _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Transfer to local holding area; hold _____</td> <td></td> <td>Year(s); then _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Transfer to Municipal Records Center; hold _____</td> <td></td> <td>Year(s); then _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Destroy _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Transfer to Municipal Archives for permanent retention. _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (attach additional sheet, if necessary) _____</td> <td></td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other _____		Then _____		<input type="checkbox"/> Hold in the current files area _____	Month(s) _____	Year(s); then _____		<input type="checkbox"/> Transfer to local holding area; hold _____		Year(s); then _____		<input type="checkbox"/> Transfer to Municipal Records Center; hold _____		Year(s); then _____		<input type="checkbox"/> Destroy _____				<input type="checkbox"/> Transfer to Municipal Archives for permanent retention. _____				<input type="checkbox"/> Other (attach additional sheet, if necessary) _____			
<input type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other _____		Then _____																													
<input type="checkbox"/> Hold in the current files area _____	Month(s) _____	Year(s); then _____																													
<input type="checkbox"/> Transfer to local holding area; hold _____		Year(s); then _____																													
<input type="checkbox"/> Transfer to Municipal Records Center; hold _____		Year(s); then _____																													
<input type="checkbox"/> Destroy _____																															
<input type="checkbox"/> Transfer to Municipal Archives for permanent retention. _____																															
<input type="checkbox"/> Other (attach additional sheet, if necessary) _____																															
Agency Head/Designee (Signature)		Date	Agency Records Officer (Signature)																												
RECORDS ADMINISTRATION COMMITTEE		SIGNATURES	DATE																												
THIS RECORD SERIES HAS BEEN EVALUATED FOR LEGAL, FISCAL, ADMINISTRATIVE AND HISTORICAL	MAYOR/DESIGNEE																														
	CLERK/DESIGNEE																														
	COMMISSIONER OF																														

RETENTION REQUIREMENTS, AND THE RECOMMENDATIONS IN PARAGRAPH 12 ARE APPROVED	FINANCE/DESIGNEE		
	CITY ATTORNEY/DESIGNEE		
	BUREAU DIRECTOR GENERAL SERVICES/DESIGNEE		
STATE RECORDS COMMITTEE		SIGNATURES	DATE
Recommendations in paragraph 12 are approved. (If disapproved. Attach letter of explanation	State Auditor/Designee		
	Secretary of State/Designee		
	Attorney General/Designee		